

ing the state of knowledge about postulated drug targets. It is appropriate for medical students and residents, as well as for experienced physicians, given the number and complexity of existing pharmacological agents.

Throughout, Stahl adopts an approach of optimizing treatment based on a “treat the symptom” model, as opposed to assuming that symptom complexes represent a common underlying disease entity – the “treat the underlying illness model”. The former model (used in Stahl’s text) may favour polypharmacy (adding agent 1 for symptom y and then adding agent 2 for symptom z), while the latter model favours a selective monotherapy approach (for this patient with this illness subtype, agent 1 should in the majority of cases resolve all related symptoms (y and z)). Which approach is actually the most effective (symptom-targeting polypharmacy vs. syndrome-based monotherapy) in the stabilization of bipolar disorder has not been directly tested, however accumulating evidence suggests that carefully selected monotherapy based on the patient’s clinical profile yields success in about 70-75% of cases, as compared to a success rate of 30% using treatment guidelines including combinations. Together with the STAR D study showing that only 50% of depressed patients benefit from current treatment approaches (switching and combining), we still have a long way to go in understanding and selecting effective treatments for patients with mood disorders. Despite these limitations, this textbook by Stahl is a useful summary of our current understanding of the field in an easy to digest format. It is arguably the best book in its class for illustrating conceptual mechanisms of action and is comprehensive, covering all existing agents.

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The Child’s Voice in Family Therapy : a systemic perspective

Carole Gammer. W. W. Norton & Company: New York, NY, 2009. 304 pp. US \$35.00.

The author, a clinical psychologist who worked at Harvard before moving to France, begins this book by noting that in family therapy the voice of children has been underdeveloped. Too often family therapists don’t know how to work with children in a way that their voice can be heard and appreciated, even though the therapy work is about them. A family has several generations, each with its own issues. For families to work well, the various ages need to be able to talk to each other in a rich, meaningful way.

This is not a book about how to treat children, but rather a practical guide for getting all to talk and listen to what the other has to say. It is not a book steeped in theory but a practical, descriptive way that the members of the family can be led to listen and appreciate each other and talk of various issues.

The book is set in three parts. In the opening chapter,

the author mentions the work of Beebe on bidirectional influence and the importance of considering systemic processes. She describes her model as assuming multi-causality, and describes her approach to working with children in family therapy: “we need only to watch, listen, talk to and intervene with them taking seriously what the children have to say.” (page 7)

The section of eight chapters that follows provides clear and practical descriptions of several interactive techniques (including the use of dramatization, metaphor, systemic art techniques, externalization, setting limits, restoration of play, links to the past and video-supported intervention) supplemented with excellent vignettes. The techniques she describes are related to a systematic, interactive model. She assumes multi-causality and that children have a rich representational life even though they may not have words to describe what they are feeling and thinking. The techniques and their application are aptly described, with a focus on giving a voice to the child’s viewpoint. She supplies an excellent bibliography of child-focused art techniques, many of which I have not seen before. I appreciated her goal of teaching family members how to play with one another to facilitate communication.

The final section focuses on the particular themes of hyperactivity and sibling relationships. In her focus on the siblings, the author speaks not just of how siblings relate, but of how parents play a role in that relationship, and the deeper understandings and feelings involved.

From the beginning, the goal of the approach described here is to include the child in therapy and build a relationship between the therapist and the child. Limit-setting is left to the parents while direction of the flow of the session (who speaks, who listens) should be in the control of the therapist. The following stage is goal determination, with some tips on sharing observations and helping the family with prioritizing. The next stage described is that of goal exploration using techniques that are of interest to the child in therapy (e.g. dramatization, systemic art techniques and externalization). The final stage described is that of change elaboration, in which the therapist guides families to think about how they might do things differently. All subsequent sessions follow these steps.

The language in this text is straightforward, graphic, colourful and practical, with a focus on technique and not on the theory behind it. Dr. Gammer’s examples can be adapted to a variety of family issues to give a more rounded, deeper meaning, teaching family members how to talk with each other through play, listening, and understanding.

I recommend this book highly because of the clarity of the vignettes, which are broadly applicable. The central and crucial message is that children’s voices are important and need to be heard to understand the strengths and problems in a family and to set a salutary direction for change. This is a great book.

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